

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Yoshimasi Saitoh) OLD ATTORNEY DOCKET NO.
SERIAL NO: 09/496,656) P99,2475
FILING DATE: February 3, 2000) NEW ATTORNEY DOCKET NO.
TITLE: METHOD OF FABRICATING) 09793822-4457
LIQUID CRYSTAL DISPLAY)
DEVICE, AND LIQUID CRYSTAL) GROUP ART UNIT: 1712
DISPLAY DEVICE)
) EXAMINER: Unknown



AMENDMENT TRANSMITTAL

Assistant Commissioner for Patents
Box Non Fee Amendment
Washington, DC 20231

Dear Sir:

Transmitted herewith is an Amendment.
 No additional fee is required for additional Independent, Dependent or Multiple Dependent Claims.
 A check in the amount of \$.00 is attached for additional Independent, Dependent or Multiple Dependent Claims.
 A Petition for a Month Extension of Time.
 A check in the amount \$ is attached for the Extension of Time.

| | | | | | | Small Entity | | or | Other Than A Small Entity | |
|---|----------------------------------|-------|------------------------|---------------|--|--------------|------------|-------|---------------------------|------------|
| | Claims Remaining After Amendment | | Highest No. Previously | Present Extra | | Rate | Addit. Fee | | Rate | Addit. Fee |
| Total | | Minus | | | | x 9 = | \$ | | x 18 = | \$ |
| Indep. | | Minus | | | | x 39 = | \$ | | x 78 = | \$ |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claim | | | | | | x 130 = | \$ | | x 260 = | \$ |
| Total Additional Fee | | | | | | \$ | | Total | \$ | |

The Commissioner is hereby authorized to charge any fees associated with this communication or credit any overpayment to Deposit Account No. 19-3140. A duplicate copy of this sheet is attached.

Respectfully submitted,

SONNENSCHEIN NATH & ROSENTHAL

By: David R. Metzger
David R. Metzger, Reg. No. 30,919
I hereby certify that this document and any being referred to as attached or enclosed is being deposited with the United States Postal Service as first class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231, on

September 21, 2001

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